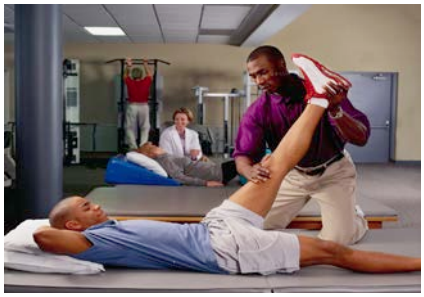
Outpatient Physical Therapy/Speech Pathology (OPT/SP) Provider Change of Ownership (CHOW) Process

What is a Change of Ownership (CHOW)?

A CHOW typically occurs when there is a change in the owning party of the OPT/SP. Changes in the owning party can include individuals, corporations and general partnerships (i.e. a new partnerships agreement would constitute a CHOW). For additional specific information on what ownership changes would constitute a CHOW, please refer to Chapter 3 of the CMS State Operations Manual (SOM), § 3210.1.



How do I complete an OPT/SP CHOW?

In accordance with Chapter 3 of the State Operations Manual (SOM), § 3210, an OPT/SP provider must complete and submit all necessary documents in order to complete the CHOW process. All CHOW materials are located below, or requested through the Bureau of Facility Standards at (208) 334 - 6626.

What is included in the OPT/SP CHOW packet?

The CHOW packet includes what must be submitted and approved by the Bureau of Facility Standards prior to the CHOW being processed (items #1 - #4) and resource information related to OPT/SPs (items #5 and #6) as follows:

1. Request for Certification - CMS-1856,
2. Health Insurance Benefits Agreement - CMS-1561, (**Two Originals Required**)
3. "Office of Civil Rights Clearance for Medicare Certification" (OCR) packet Request and Assurance of Compliance form. "Office of Civil Rights Clearance for Medicare Certification" (OCR) packet Request and Assurance of Compliance forms. (Copies of the current version of the OCR Packet can be downloaded from

http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html.). This form may be answered and submitted, on line, via **https://ocrportal.hhs.gov/ocr/pgportal/** *If the provider chooses to submit the civil rights package on line, the submission will go directly into the OCR intake queue, and the provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR's ability to access the provider's submission from the OCR intake queue. The provider will submit a copy of this e-mail to the SA, and the SA will submit it to the CMS Regional Office in lieu of the completed civil rights package.*

4. Fiscal year ending date form.
5. Appendix E, Guidance to Surveyors: Outpatient Physical Therapy or Speech Pathology Services
6. Appendix Q, Guidelines For Determining Immediate Jeopardy

How do I complete the CHOW packet?

1. Please complete the CHOW documents (Items #1- #4) and return them along with a copy of the signed Bill of Sale to the Bureau of Facility Standards. Ensure that all questions are answered completely as indicated and that all information is submitted.

2. Please ensure that there are two originals of the Health Insurance Benefits Agreement - CMS-1561A (item #2 above).

3. Please ensure that the two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (item #3 above) is completed and signed. Please note, the OCR has Civil Rights Corporate Agreements with certain health care corporations. If your corporation has such an agreement with the OCR, submit only the signed certification sheets, as specified in the corporation's agreement. Please refer to Chapter 2 of the SOM, section 2010 for additional information.

4. All hand-printed applications must be clearly printed and easily readable.

Where do I send my completed CHOW materials?

The CHOW materials can be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS

1. If you are mailing the application packet, mail to:

   Department of Health and Welfare
   Bureau of Facility Standards
   P.O. BOX 83720
   BOISE, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

   Department of Health and Welfare
   Bureau of Facility Standards
   3232 Elder Street
   Boise ID 83705

What happens after I submit my CHOW materials?

Bureau of Facility Standards staff will review the materials you submitted. If the materials are incomplete or if there are questions, Bureau staff will contact you. Once the CHOW materials have been approved and the Bureau of Facility Standards receives notification from the fiscal intermediary/carrier that your CMS-855A has been approved, the CHOW packet will be forwarded to the CMS Regional Office X, in Seattle, Washington, for final review and approval. Please be aware that your CHOW packet will not be forwarded to CMS until all CHOW materials, including all civil rights documents and forms have been completed and returned to the Bureau of Facility Standards. **Please see below for additional information related to the CMS-855A.**

How long will the CHOW process take?

The length of the OPT/SP CHOW process varies dependent on multiple factors such as whether or not the submitted information is complete, whether or not addition information needs to be submitted, current work load and availability of resources necessary to complete the CHOW review, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

How do I get paid for providing services?

The Centers for Medicare/Medicaid Services **require all OPT/SP providers undergoing a CHOW to complete the form *CMS-***

855A*, *Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries, and forward it to the fiscal intermediary/carrier for approval. The form CMS-855A can be accessed on the Internet or requested directly from your fiscal intermediary/carrier:

Medicare Provider Enrollment

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
888/608-8816

www.noridianmedicare.com

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to http://www.idmedicaid.com (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at http://www.idmedicaid.com, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0."

This is a completely separate process from applying for Medicare certification.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility

Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters
OPT/SP

Centers for Medicare & Medicaid Services
Outpatient Rehabilitation Center

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD ARMSTRONG – Director

BUREAU OF FACILITY STANDARDS
DEBRA RANSOM, R.N., R.H.I.T. – Chief

3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

_____
OWNER/ADMINISTRATOR

_____
DATE